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RE: Proposed SB 414

Dear Members of the Public Health Committee,

I am sorry that I am unable to be here today to present this in person and support the proposed bill. As a member of an EMS organization I would like you to please consider what I have written in your determination of the proposed SB 414.

My name is Barbara Breor and I am a member of the Goshen Volunteer Fire Company and an Emergency Medical Technician Intermediate (EMT-I). As a volunteer who works full time and has a young family I am finding it more and more difficult to keep up with all the crazy mandates that seem to be coming down the pike every year. The membership of the Fire Company I have watched the members for the EMS service dwindle at a steady rate. A lot of people do not want to take all the training that is required and getting long and long every time you turn around.

Goshen Volunteer is a split department of fire and ambulance service. Last year we were called to 161 calls needing an ambulance. Some of them were refusals and just needed lift assistance or they refused treatment because they did not feel that they were injured in the car accident. Being a small town we are not a billing service and rely on volunteers to do the transports. These individuals, like myself, leave work to help out when the tones go off. We leave in the middle of supper or get out of bed in the middle of the night to help our neighbors. We do not do this for any kind of compensation, just to help out when the need arises. We have a monthly EMS drill in our fire dept so we are constantly running through things not to mention the monthly case review at two different area hospitals and the annual competencies through our sponsor hospital.

Here are a few of the concerns that I have:

If you have an individual that was an EMT and left to raise the family or had a situation that made it hard for them to keep up their certification then maybe we should look into an abbreviated recertification course instead of the full course. Depending on how long they have been out.

I do not see some of the sense of some of the statutes as well. For example: 19a-195 at least one EMT in the back of the ambulance and an MRT driving. If you have two EMTs in the back then anyone can essentially drive. What good is it to have an MRT in the front driving they can not safely help with patient care if help is needed? I could understand at the scene to have at least two but for transport it does not make much sense. If you need two EMTs they should be in the back!!! If you are an Intermediate service then you have to have an EMT-I in the back and an EMT-B driving.

I also do not understand why when you are licensed at an Intermediate level why an EMT-I has to be on the call for someone just seeking transport to the hospital because they do not have a ride to the doctor's office. (We do receive this type of call believe it or not.) The individual is not sick and you feel silly bringing them to the ER for no other reason then they need a ride. Another example would be a psychiatric were the person may have threatened bodily harm or is just "depressed" some of these calls do pull you away from a call were there is a potential for someone who could use an EMT-I. Three years ago that did happen here thankfully we had three EMT-Is in town. One went to the psychiatric with a couple of EMT-Bs and the other two ended up at a cardiac arrest and one of them was eight and a half months pregnant doing CPR on a patient. Granted there is always the possibility of a medic but there is not always one available and you still have to "man" the ambulance at your level.

It would be hard for a small town to justify the cost of having to put a paid crew in the firehouse for 161 calls a year for approximately \$60,000, on the low end, just for days and one individual. Even if we started billing it would not pay the cost of one EMT never mind having to afford two EMTs to properly staff the ambulance.

The mandate to go to electronic reporting is a difficult one as well. Granted the advantages are you can read all the run forms and you do not have to do quarterly reporting. On the other hand we have another mandate were we have to purchase the software and someone; another volunteer, ends up doing quality assurance to make sure all the "necessary" data is there so that the chart can be submitted to the State. This is costing the cores more money without anything besides one laptop that was provided for by the State. We had to get the training which is not cheap and the storage of the records, software, additional hardware (computer, printer, paper, ink etc...) and time on EMS end to input the information, verify and print the reports. It was easier the other way. This is an additional unfunded and unnecessary costs that has to be absorbed.

Instead of making small towns have to put an unnecessary burden on an already strained system I strongly think that everything should be looked over and a fair and equitable solution should be found. Do not consider the paid services. If it boils down to it then the paid services should make it their responsibility to make sure that the people that are paying for the service get what they pay for. If they make it a job requirement that they have to go to training so be it. Do not punish the small towns. Not all small towns are "rich".

I hope that you will look at this through non-partisan eyes and follow your conscious.

Thank you for your time and consideration.

Sincerely,

Barbara L. Breor  
AN EMT-I with Goshen Volunteer Fire Company